

STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower 500 James Robertson Parkway, 3rd Floor Nashville, TN 37243 615-741-1602

www.tn.gov/abc

One Commerce Square 40 South Main Street 4th Floor, Suite 415 Memphis TN 38103 901-543-7284



4420 Whittle Springs Road Knoxville, TN 37917 865-594-6342

540 McCallie Avenue, Suite 341 Chattanooga, TN 37402-2055 423-634-6434

Business Check, Money Order or Cashier's Check ONLY

WINE CLERK LIST RETAIL FOOD STORE/RETAIL PACKAGE & WINERY

PLEASE TYPE OR PRINT IN INK. YOU MAY ATTACH ADDITIONAL CLERK FORMS AS NEEDED.

			Date:	
Vendor Name:	Vendor Business Name:			
Vendor Address:	C	ity:	State:Zip: _	
County:	Telephone:	Vendor Certification No		
Clerk Name:		elephone:	Training Program:	
Street Address:		City:	State:	Zip:
County:	Email:	Da	te of Birth (mo/day/year):	<u></u>
Hire Date:	Certification Date:		Employment End Date:	
Clerk Name:		elephone:	Training Program:	
Street Address:		City:	State:	Zip:
County:	Email:		Date of Birth (mo/day/year):	
Hire Date:	Certification Date:		Employment End Date:	
Clerk Name:		elephone:	Training Program:	
Street Address:		City:	State:	Zip:
County:	Email:		Date of Birth (mo/day/yea	nr):
Hire Date:	Certification Date:		Employment End Date:	
Clerk Name:	Te	elephone:	Training Program:	
Street Address:		City:	State:	Zip:
County:	Email:		Date of Birth (mo/day/yea	ur):
Hire Date:	Certification Date:		Employment End Date:	

Clerk Name:		Telephone:		Training Program:	
Street Address:		City:	State:	Zip:	
County:	Email:		Date of Birth (mo/day/year):		
Hire Date:	Certification Date:		Employment End Date:		
Clerk Name:		Telephone:	Training Program:		
Street Address:		City:	State:	Zip:	
County:	Email:		Date of Birth (mo/day/yo	ear):	
Hire Date:	Certification Date:		Employment End Date:		
Clerk Name:		_Telephone:	Training Program:		
Street Address:		City:	State:	Zip:	
County:	Email:		Date of Birth (mo/day/yo	ear):	
Hire Date:	Certification Date:		Employment End Date:	Employment End Date:	
Clerk Name:		_Telephone:	Training Program:		
Street Address:		City:	State:	Zip:	
County:	Email:		Date of Birth (mo/day/yo	ear):	
Hire Date:	Certification Date:		Employment End Date:		
* "SIGNATURE IS ONLY R	EQUIRRED ON LAST PAGE" *				
			Signature of Vendor Representative		
			Print Name/Title		

*The State of Tennessee and the Tennessee Alcoholic Beverage Commission are an Equal Opportunity Employer. Discrimination, in any of its practices, which is based on age, race, sex, color, and religion, national origin, disabling condition or any other nonmerit factor, is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.